



Osteochondrosis of the Lumbosacral Department: Diagnosis and Treatment Aspects

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Dystrophic lesions of the spine are the most common chronic human diseases. Pronounced clinical manifestations are observed during the period of active labor activity (at the age of 25–55 years) and represent one of the most common causes of temporary disability and disability [1, 2, 10]. Economic losses due to vertebrogenic diseases are extremely high. This includes underproduced products during days of absenteeism, and the payment of social insurance benefits, and a decrease in working capacity during periods of remission [3-9]. The study of this pathology due to its high prevalence, tendency to chronic course, resistance to ongoing therapy is one of the urgent problems of scientific and practical vertebroneurology. The use of polymorphism of therapeutic methods of treatment in this disease is often not effective enough and requires further restoration of the functions of individual organs and systems.

Neurosurgical correction of compression discogenic syndrome at the lumbosacral level in most cases leads to an objective improvement in the condition of patients. At the same time, the pain syndrome after surgery is not eliminated immediately and completely; in some cases, there is even a deterioration in the well-being and quality of life of patients, a further decrease in their ability to work, which necessitates intensive rehabilitation care, taking into account clinical manifestations and individual personality characteristics [11, 12]. This is a link in a complex system of complex rehabilitation effects on the body, including all aspects of rehabilitation: psychological, medical, physical, professional, social, economic [13-19].

Vertebrogenic lesions of the nervous system are a group of clinical syndromes pathogenetically caused by reflex, compression, myoadaptive factors and manifested by pain, sensory, motor, vegetative-vascular, neurodystrophic disorders. Spinal osteochondrosis is a primary degeneration of the intervertebral discs with secondary reactive and compensatory changes in the bone and ligament apparatus of the spine (vertebral bodies, intervertebral joints, ligamentous apparatus) [20, 21].

Diagnosis of lumbar osteochondrosis includes clinical and functional, neurophysiological research methods, the use of radiation technologies. Clinical and functional examination is based on the collection of complaints and anamnesis of the disease, which analyze the sequence of occurrence and the relationship of clinical symptoms and the dynamics of the disease as a whole, identify causal and contributing factors to the development of the disease, clarify the previously established diagnosis, the treatment used, its effectiveness and tolerability of drugs. From the anamnesis of life, they find out about past diseases, injuries, and operations. Clarify general biographical data, heredity, family life, working and living conditions, sports history, bad habits. The clinical examination consists of a neuroorthopedic examination and a neurological examination proper. Neuroorthopedic examination includes the study of static and dynamic function of the spine. Initially, posture, the state of physiological curves and deformities of the spine, the tone of the paravertebral muscles are assessed, and subsequently, the range of motion in various parts of the spine and joints of the extremities is assessed. We should not forget about the pathology of the limbs, which are a continuation of a single biokinematic chain of the locomotor apparatus. Consequently, the development of a pathological process in them will lead to spinal deformities, the formation of periarticular myopically [22-25].

The actual neurological examination characterizes the state of motor, reflex, sensory functions, symptoms of tension, the state of tissue trophism [26].

Basic principles of treatment and rehabilitation (Ya. Yu. Popelyansky, 2003):

1. Exclusion of unfavorable static-dynamic loads on the affected spine.
2. The need for influences that stimulate the activity of the muscles surrounding the spine.
3. The complexity of therapeutic effects not only on the region of the spine, but also on extravertebral pathological foci involved in the design of the clinical picture.
4. Reducing pain.
5. The sparing nature of therapeutic effects - in themselves they should not be more harmful than the disease itself.

In the same period, intensive drug therapy is carried out, aimed at relieving pain. First of all, these are analgesic mixtures for intravenous drip administration using non-narcotic analgesics (baralgin, analgin) or glucocorticosteroid hormones (dexamethasone, prednisolone) with the addition of

diuretics (lasix) and B vitamins. This can also be L-lysine aescinate as a drug with decongestant, anti-inflammatory and analgesic action. In parallel, non-steroidal anti-inflammatory drugs are prescribed: selective inhibitors of the COX-1 isoenzyme (diclofenac, ibuprofen, etc.), selective inhibitors of the COX-2 isoenzyme (movalis, celebrex, nimesil, nimesulide, etc.) or a non-selective inhibitor of the COX-1 isoenzyme and COX-2 (ketans). According to the indications for persistent severe pain syndrome, analgesics with a central mechanism of action (tramal, tramadol), selective neuronal potassium channel openers - SNEPKO (katadolon) are used [4, 19, 27]. It is advisable both for analgesic purposes and for the purpose of relief of psycho-emotional tension caused by pain, the appointment of antidepressants that promote the release of serotonin (amitriptyline, rextine, fevarin), or benzodiazepine tranquilizers (alprozolam, carbamazepine) [28, 29, 33]. According to indications, venotonic drugs (escusan, glivenol, troxevasin, detralex), muscle relaxants (sirdalut, midokalm, seduxen, relanium, botulinum toxin), drugs that improve peripheral blood circulation and microcirculation (trental, instenon, complamin, eufillin, etc.), metabolic and neurotrophic agents (mildronate, fat-soluble forms of B vitamins, thioctacid, cytoflavin, actovegin, neuromidin) [22, 27]. It is advisable to use topical ointments with anti-inflammatory, locally irritating and distracting effects (finalgon, kapsikam, fastum-gel, etc.), applications of bishafite, dimexide.

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